Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011076	A. BUILDING _____ B. WING _____	C 08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF BLOOMINGTON	3802 SARE RD BLOOMINGTON, IN 47401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00094807. Complaint IN00094807- Substantiated. No deficiencies related to the allegations. Survey date: 8/24/11 Facility number: 011076 Provider number: 011076 AIM number: N/A Survey team: Melinda Lewis, RN Census bed type: Residential 44 Total 44 Census payor type Other 44 Total 44 Sample 3 Sterling House of Bloomington was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00094807. Quality review completed on August 25, 2011 by Bev Faulkner, RN	R 000		